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Medical Intelligence Summary No. 18

26 August 1944

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1. Public Health in Paris.

a. A report received from the Office of the AC of S 26-5, indicates briefly the public health status in Paris as of July 1944.

b. There are no serious epidemics prevalent at the present time. Skin diseases, such as scabies, impetigo and furunculosis are widespread, probably as a result of the lack of soap, etc. and the consequent inability to meet normal standards of cleanliness. The incidence of louse infestation is not mentioned.

c. Typhoid fever, diphtheria, poliomyelitis and encephalitis lethargica are endemic in Paris and all show an increased incidence, although figures are not given. Special mention is made of the prevalence of these same diseases in the departments of Lozere, Allier, Aveyron, and Herault, and most of the other departments of Central France.

d. Malnutrition, including avitaminoses, and tuberculosis are quite common. The incidence of these conditions is stated to be considerably higher in children. The principal vitamin deficiencies noted are in the fat soluble vitamins and the B Complex group. Malnutrition is stated to be common in all but the very wealthy sections of the city. Tuberculosis is reported to be particularly serious in certain arrondissements of Paris, namely, arrondissements IV, V, VI, XIII, XIX and XX.

e. Venereal disease incidence has risen, and there is a sharp rise in the amount of syphilis.

f. Certain drugs are reported as being no longer obtainable. The important ones are:

Ether	Vaseline
Opium derivatives	Iodine
Sulfonamides	Glycerine
Alcohol	Chlorine
Insulin	Soap
Local anesthetics	Vaccines and toxoids

Shortages of hospital supplies, particularly rubber articles and dressings, are noted as important.

g. Repatriates returning to Paris from Germany are reported to be suffering from tuberculosis, syphilis and scabies.

h. It is reported that there has been an almost complete disappearance of alcoholism and its associated mental and psychiatric complications.

i. Hospitals at present (July 1944) requisitioned by the Germans include:

- (1) Beaujon Nouveau -- a new modern 1500 bed hospital.
- (2) Lariboisiere.
- (3) La Pitie.
- (4) Rothschild.

SECRET

S E C R E T

Hospitals which are partially occupied by the Germans include:

- (1) Hopital Laennes.
- (2) Les Quinze Vingt (Eye Hospital).

j. From a separate source, unauthenticated, information has been obtained that as far as of August 1944, the food situation in Paris is critical. Food lack will be most severe in the working class districts. Soup kitchens have been organized to relieve the situation in certain areas of the city. Milk and food supplies are especially needed for infants and children.

2. Jersey.

a. Public health on the island of Jersey is described briefly by an English-born Channel Islander who left Jersey, 30 July 1944 enroute to Germany. He was rescued by U. S. troops south of Rennes.

b. Hospitals which are German occupied are:

- (1) Merton Hotel, turned into a military isolation hospital.
- (2) Ladies College, -Organization Todt hospital.
- (3) General Hospital.

c. Civilian hospitals still functioning include:

- (1) Part of the General Hospital.
- (2) Jersey Dispensary, now a maternity hospital.
- (3) Overdale Fever Hospital.
- (4) Mental Hospital.

d. All hospitals are full and there are waiting lists. The use of these hospitals for military casualties will be difficult.

e. Medical supplies are in extremely short supply. Bandages have entirely disappeared and old sheets are being cut up. Drugs are scarce and informant mentions especially the practically exhausted stocks of insulin and anesthetics.

f. The principal disease problem in Jersey is tuberculosis, which has increased greatly during the occupation. During the winter of 1943-44 there were severe outbreaks of influenza, diphtheria and whooping cough.

3. Information from Prisoners of War.

a. One PW describes the formation and set-up of a "Magen battalion" (stomach battalion). It was formed at the recruiting center in Metz and was made up of soldiers who had stomach trouble. They had previously been declared unfit for duty. In this battalion the men were fed white bread and easily digestible foods. The unit was originally intended as a labor group, but because of the urgent need of reserves, they were committed as an infantry unit. PW was in action 20 minutes before capture.

b. Reports have been received which suggested that the Germans were using a powerful narcotic for euthanasia (mercy killing) in the severely wounded. Three medical officers, PW's, were questioned specifically on this point and gave the following information:

The drug in question is Skopolamin-Eukadol-Ephetonin, called S-E-E for short. It is ordinarily used in place of morphine and has been in common use in Germany for six years. They deny that it has ever been used for "mercy killings". The drug is furnished in two strengths, weak (0.0003 grams) and strong (0.001 grams). It is ordinarily administered intramuscularly, but where

S E C R E T

rapid action is desired it may be given intravenously. According to the PW's, S-E-E has no after effects, is not habit forming and is only fatal in doses of 0.004 grams or over. The drug is manufactured by Merck in Darmstadt.

4. Louse Infestation in Prisoners of War.

a. The degree of lousiness among prisoners of war varies from 5 - 60%. It is noted regularly that German soldiers have a lower incidence of louse infestation than do assimilated troops and labor units of other nationalities. It is now assumed, for the sake of safety, that all PW's are lousy. Every effort is being made to delouse prisoners as soon as possible after capture. There have been no reports of typhus among German troops except the previously reported incident in the Cherbourg area (see Medical Intelligence Summary No. 15). It appears that the total number of cases in this outbreak was approximately 250 with 27 deaths.

b. Every rumor of typhus fever is being investigated by epidemiologists because of the ever present necessity of caring for prisoners of war and refugees from suspected areas.

c. In cooperation with the Medical Department, the Quartermaster Corps has organized special Emergency Delousing teams, made up from the personnel of Quartermaster sterilization units. Each team is composed of five men who are specially trained and equipped. They continue their regular duties, but are available for emergency use at any time.

d. A report of typhus fever in Tours was received from forward elements of the army. Investigation by the Preventive Medicine Division disclosed that it was in fact a case of typhoid fever. Local physicians indicated that there had been no typhus fever in that area for a number of years.

5. Malaria.

a. Malaria is endemic in Normandy and Brittany but is not common. The presence of many malaria relapses, occurring in soldiers who had previously served in malarious areas, have made it necessary to check thoroughly on the authenticity of indigenous cases in troops and cases occurring in the civil population.

b. Malaria and/or mosquito surveys have been conducted in Dol, Granville and Carantan by representative of the Preventive Medicine Division, Office of the Surgeon, Com Z (fwd).

(1) In Granville, only pest mosquitoes were found and none were collected for examination.

(2) In Dol, the civilian physician stated that mosquitoes were abundant in the area. This was substantiated by the observation of adult mosquitoes in day time resting places, and further corroborated by the large number of wheals noted on the local residents. The doctor stated that mosquitoes were much more numerous since the flooding of nearby areas by the Germans. No malaria has occurred in the vicinity recently. Adult mosquitoes identified included Anopheles spp. (Maculipennis group), Theobaldia annulata, and Culex spp. Definite identification of the variety of maculipennis cannot be made until it is possible to examine the eggs but it is probable that they are A. labranchiae atroparvus. Breeding areas in the vicinity are spotty. Troops bivouaced in this area will be greatly molested by pest mosquitoes. The presence of Anopheles in considerable numbers presents the possibility of the transmission of the disease if carriers are stationed in the vicinity.

(3) The situation in Carantan is similar to that in Dol.

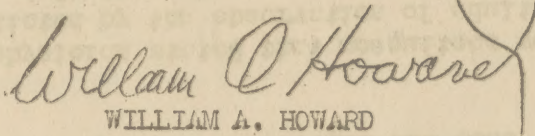
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c. It is not considered by these investigators that the mosquito problem is sufficient to warrant area engineer type of control.

d. A report recently received from the DDH of 21 Army Group indicates that 2 cases of malaria, undoubtedly indigenous, have been detected in Caen. Investigation of mosquito problem in this area is being carried out by a British laboratory.

6. Additional medical intelligence material received in this office will be included in Medical Intelligence Summaries to be issued from time to time.

For the Surgeon:



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